

## **REAL PROPERTY ASSESSMENT DIVISION** DEPARTMENT OF BUDGET AND FISCAL SERVICES CITY AND COUNTY OF HONOLULU

PARCEL ID (TMK)				

# **CLAIM FOR HOME EXEMPTION**

Sections 8-10.4 and 8-10.5, ROH

Please read instructions				
PRINT OWNER/OCCUPANT'S NAME	SOCIAL SECURITY NUMB	ER	DATE OF BI	RTH
OWNER/OCCUPANT'S SIGNATURE (See certification below)	HOME PHONE NUMBER	?	BUSINESS PHONE	NUMBER
PRINT OWNER/OCCUPANT'S NAME	SOCIAL SECURITY NUMBER		DATE OF BIRTH	
OWNER/OCCUPANT'S SIGNATURE (See certification below)	HOME PHONE NUMBER		BUSINESS PHONE NUMBER	
PROPERTY (PARCEL) ADDRESS	APT	CITY	STATE	ZIP
THO ENT (FARGEL) ABBRESS	ALL	5	JIAI2	
MAILING ADDRESS IF DIFFERENT FROM PROPERTY ADDRESS	APT	CITY	STATE	ZIP
How many living units are located on this parcel?	living u	nite		
How many living units are located on this parcel? (Your Co-op unit or Condominium unit counts as one living unit counts are unit or condominium unit counts as one living unit or condominium unit counts are unit or condominium un				
How many owners reside on this parcel?	owners	,		
·				
How many owners living in this unit?	owners			
Is any portion of this parcel or living unit being used	d as a rental or for business	purposes?	□ No □	] Yes
If "Yes," indicate the building area (square feet) us	ed for rental or husiness nu	irnosas.	squar	o foot
ii 100, indicate the ballang area (equale 100t) ac				
	ica for ferital of basiness pe		Squar	e leet
I am a legal resident of:				———
I am a legal resident of:Country	State		County	<u> </u>
Country			County	Yes
Country  Do you have a home exemption anywhere else?	State		· 	
Country	State		County	
Country  Do you have a home exemption anywhere else?  If "Yes," list the Tax Map Key and/or address of th  For proof of filing the home exemption, do one of the following:	State e parcel:		County	] Yes
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## HOME EXEMPTION REQUIREMENTS

The real property is owned and occupied as the *owner's principal home* as of the assessment date by an individual or individuals. *Owner's principal home* means occupancy of a home in the city with the intent to reside in the city. Intent to reside in the city may be evidenced by, but not limited to, the following factors: occupancy of a home in the city for more than 270 calendar days of a calendar year; registering to vote in the city; being stationed in the city under military orders of the United States; and filing an income tax return as a resident of the State of Hawaii, with a reported address in the city.

Your ownership must be recorded at the Bureau of Conveyances on or before *September 30<sup>th</sup>* preceding the tax year for which such exemption is claimed.

You file the claim for homeowner exemption with the Real Property Assessment Division, Department of Budget and Fiscal Services, City and County of Honolulu, on or before *September 30<sup>th</sup>* preceding the tax year for which such exemption is claimed.

If you are a lessee with a lease that has a term of five or more years and the parcel is used for residential purposes, the lease and any extension, renewal, assignment or agreement to assign the lease has been recorded at the Bureau of Conveyance, and the lessee agrees to pay all real property taxes during the term of the lease, you may qualify for the home exemption.

# SOCIAL SECURITY NUMBER

The social security number is requested for the purpose of verifying the identity of the claimant. The request is authorized under the Federal Social Security Act (42 U.S.C.A. Sec. 405(c)(2)(C)). Disclosure is voluntary and will not affect the allowance of a claim for exemption, but failure to disclose may result in delays in determining eligibility. If disclosed for purposes of this exemption, social security numbers will not be subject to public access.

### INSTRUCTIONS

- 1. **Proof of age required for multiple home exemption:** If applying in person, present proof of age for all applicants, such as driver's license, state identification, birth certificate, or other government or legal document. If applying by mail, complete the claim form and submit a photocopy for proof of age of all applicants, such as driver's license, state identification, birth certificate, or other government or legal document.
- 2. If there is more than one living unit or building on this parcel, draw a plot plan below showing the location of the living unit where the owner or owners reside and the other living units or buildings on the parcel.
- 3. Deliver or mail the claim form with supporting documentation to:

Real Property Assessment Division 842 Bethel Street, Basement Honolulu, Hawaii 96813 Telephone: (808) 527-5510 or 527-5539

Fax: (808) 527-5540

Real Property Assessment Division 1000 Uluohia Street #206 Kapolei, Hawaii 96707 Telephone: (808) 692-5541

Fax: (808) 692-5550

#### (NOTE: For a receipted copy, submit with a self addressed stamped envelope.)

4. Claim forms are also accepted at all Satellite City Halls. Claims submitted at Satellite City Halls need to be in duplicate. Additional claim forms are available at the Real Property Assessment Division, Satellite City Halls, and the City and County of Honolulu's website at <a href="http://www.honolulu.gov/rpa">http://www.honolulu.gov/rpa</a>

**PLOT PLAN**